

**IMPROVING EDUCATOR QUALITY STATE GRANT PROGRAM
BUDGET AMENDMENT REQUEST (IEQ-02)
KY COUNCIL ON POSTSECONDARY EDUCATION**

*** Attach a written explanation of proposed changes. Mail to: Melissa McGinley, CPE, 1024 Capital Center Drive, Suite 320, Frankfort, KY 40601

INSTITUTION:		PROJECT DATES:	
PROJECT DIRECTOR:			
PROJECT TITLE:			
Amendment requested by:		Phone #:	
EXPENDITURE CATEGORY	PER CURRENT APPROVED BUDGET	PROPOSED INCREASES (DECREASES)	AMENDED BUDGET REQUEST
1. SALARIES & WAGES			
Name Title			0.00
			0.00
			0.00
			0.00
			0.00
TOTAL SALARIES & WAGES	0.00	0.00	0.00
2. FRINGE BENEFITS			0.00
3. CONTRACTUAL			0.00
Consultants (non-institutional employees)			0.00
Subcontracts			0.00
Other (specify)			0.00
TOTAL CONTRACTUAL	0.00	0.00	0.00
4. MATERIALS & SUPPLIES			
Office Supplies			0.00
Instructional books and materials			0.00
Participant supplies			0.00
Other (specify)			0.00
TOTAL MATERIALS & SUPPLIES	0.00	0.00	0.00
5. TRAVEL			0.00
Project director and staff			0.00
Participant travel			0.00
Room and Board			0.00
TOTAL TRAVEL	0.00	0.00	0.00
6. STIPENDS			0.00
7. TUITION AND FEES			0.00
8. EQUIPMENT (items over \$500)			0.00
9. SERVICES (duplication, printing, phone, etc)			0.00
10. OTHER COSTS (Specify)			
			0.00
			0.00
TOTAL OTHER COST	0.00	0.00	0.00
SUBTOTAL (Sum of 1 thru 10)	\$ -	\$ -	\$ -
11. INDIRECT COSTS (not to exceed 8%)			0.00
GRAND TOTAL	\$ -	\$ -	\$ -

Reserved for CPE use only: Action taken: Approved _____ Denied _____

Date: _____ Comments: _____

CPE Project Director _____ CPE Fiscal Grants Officer _____